Notes/Changes

- Briefer – if service members are completing the health assessment through AKO you may hide/omit/modify slides 23 though 29. They are for use if the service member is filling out the hard copy form DD 2796
- V03.06 – added Post-Deployment Health Reassessment Form information

OPERATION ENDURING FREEDOM

Redeployment Preventive Medicine Measures

(Afghanistan)

Presenter's Name
Presenter's Command
Local Contact Information

Prepared by:
U.S. Army Center for Health Promotion and Preventive Medicine
(800) 222-9698/ DSN 584-4375/(410) 436-4375
http://usachppm.apgea.army.mil

Redeployment Medical Briefing

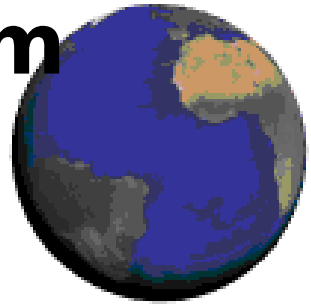
- Purpose of this briefing
- Background on health concerns
- Medical health threats for Afghanistan
- Redeployment medical requirements
- The DoD Deployment Health Clinical Center
- Homec

Purpose

To ensure that any concerns you may have about your health are addressed and that you understand the medical requirements for re-deployment

Background

- **Some US and Coalition Forces are redeploying from support of Operation Enduring Freedom**



- **Force health protection and addressing concerns you might have about your health are very important**

STAYING HEALTHY GUIDE

- Unfold YOUR *Redeployment Guide*
- Basic information and resources
- Reference Guide for this Briefing

This guide is for use by all active/reserve component military, civilian, retiree, and contractor personnel. Any individual who is returning from any type of military operation should keep and refer to this guide.

Redeployment Requirements

- In-theater
  - Redeployment medical threat briefing
  - Post-deployment health assessment (DD Form 2796)
  - Post-deployment medical screening, testing, and follow-up
  - Know where to go for health problems or concerns after you return home
- Home Station
  - Tuberculosis skin test, blood draw and any referral appointments, DD2900

Common Health Problems

The most commonly reported health problems observed in theater:

- Upper respiratory illness
- Diarrhea

Upper Respiratory Infection

- Can be caused by a number of different things, viruses, bacteria, dust particles
- The contributing factors are close living quarters, variation in sleep routine, stress, change in hygiene habits
- Symptoms resolve in a few days
- If you are experiencing signs of a cold, like draining sinuses, sore throat or cough for more than 2 weeks, seek medical attention

Medical Threats for the Region

High Risks

- Food and Waterborne - Diarrheal diseases, Hepatitis A, Typhoid/Paratyphoid Fever
- Vector borne – Malaria, Cutaneous Leishmaniasis
- Sexually Transmitted – Hepatitis B
- Animal Contact - Rabies

Diarrheal Diseases

- It is normal for almost everyone to have some bowel disturbances due to changes in diet and eating habits
- Can be caused by bacteria, viruses, or parasites
- If you currently have diarrhea symptoms (loose watery stools, more than 3 times per day), speak to a health care provider

Vector-Borne Diseases: Malaria

- Blood parasite transmitted by mosquitoes
  - From March to November, up to 10 percent of personnel exposed to mosquitoes could contract malaria
  - Incubation period: 7 to 14 days
  - Symptoms: fever, flu-like illness, chills, headache, muscle aches, and fatigue
  - 1 to 7 days of inpatient care

Take anti-malaria drugs as directed to avoid getting sick!

Vector-Borne Diseases: Leishmaniasis

- A parasite transmitted by sand fly bites
- Symptoms
  - Non-healing sores
  - Sometimes - fever, weight loss, weakness, anemia, swelling of spleen and liver
  - Symptoms can appear weeks to months after getting bitten
- If you experience any of these symptoms, while deployed or after you get home, make sure you speak to a health care provider!

Sand flies are very small - only one-third the size of mosquitoes.

Sexually Transmitted and Bloodborne Diseases

- Hepatitis B

If you abstained from sexual contact while deployed, you are not at risk for STDs

Animal Contact Diseases

Rabies

- The wild dogs roaming troop areas could be carrying rabies
- The risk of rabies in Afghanistan is among the highest in the world
- Caused by virus in the saliva of infected mammals or bats
- Rabies is nearly 100% fatal
- If you were bitten by a dog or any other animal, post-exposure treatment must be started immediately

Diseases of Intermediate Risk

- Food-borne: Brucellosis and Hepatitis E
- Vector-borne: Crimean-Congo fever, visceral leishmaniasis, sand fly fever, scrub typhus, and West Nile virus

Diseases of Intermediate Risk (continued)

- Sexually transmitted: Gonorrhea, chlamydia, HIV/AIDS
- Animal contact: Anthrax, Q fever, Avian Influenza
- Water contact: Leptospirosis
- Respiratory: Tuberculosis

If you abstained from sexual contact while deployed,
you are not at risk for STDs

Animal Contact Diseases

Avian Influenza H5N1

- Rare cases of H5N1 influenza could occur in operational forces exposed to infected poultry flocks.
- In the unlikely event that H5N1 influenza gains the ability to efficiently spread directly from person to person, initiating a human influenza pandemic, a significant number of operational forces worldwide could be affected.
- Very severe illness; fatality rate higher than 50% in symptomatic cases
- Seek medical treatment immediately if you feel ill.

Environmental Threats

- Destroyed factories may have released contaminants into the environment such as asbestos, lead and industrial wastes
- Few air contamination issues other than high levels of particulate matter (dust)
- No solid waste collection and treatment system exists
- Greatest short-term health risks are ingestion of food or water contaminated fecal pathogens

Redeployment Requirements

- **In-theater**
  - Redeployment medical threat briefing
  - **Post-deployment health assessment (DD Form 2796)**
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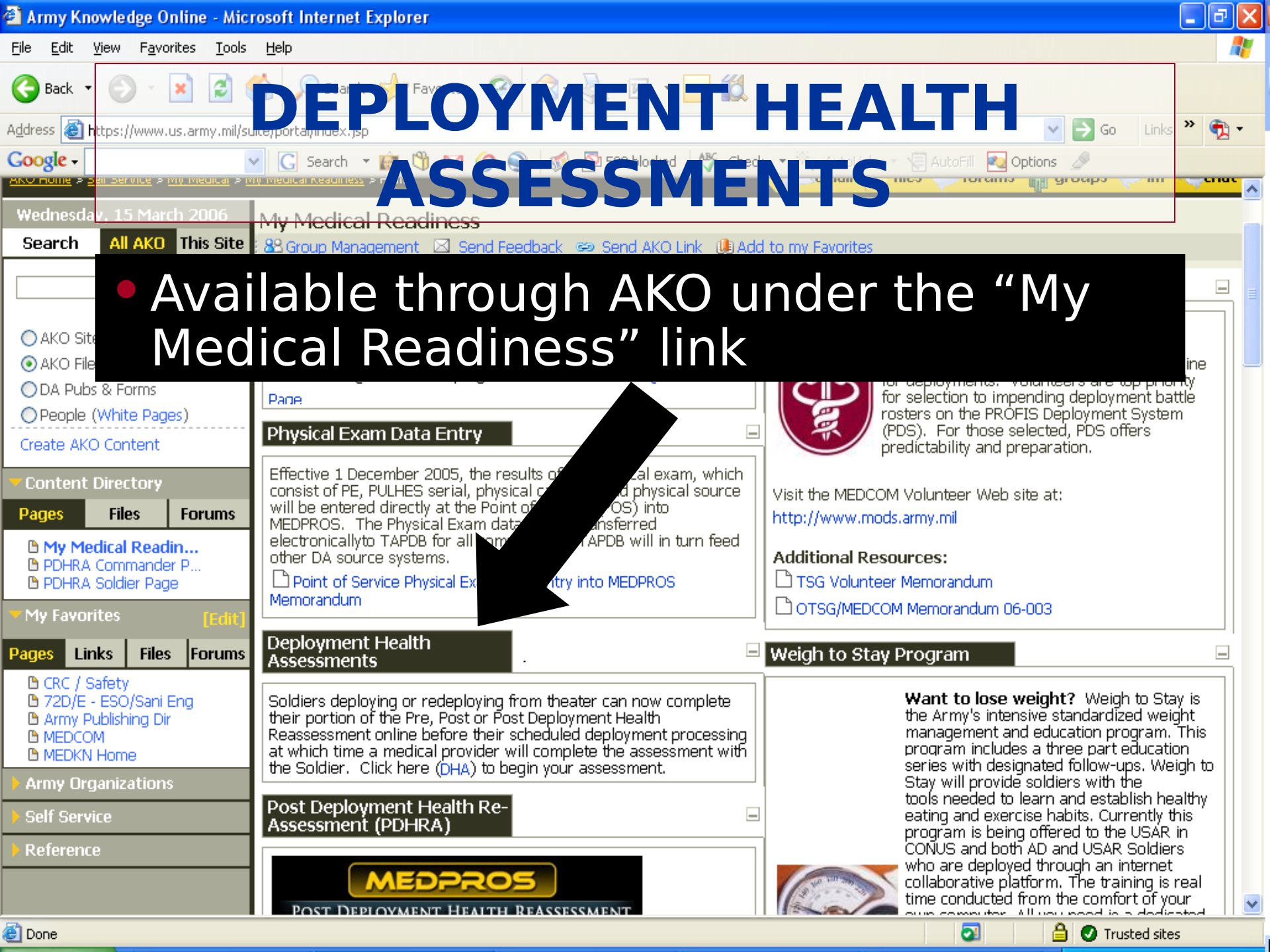
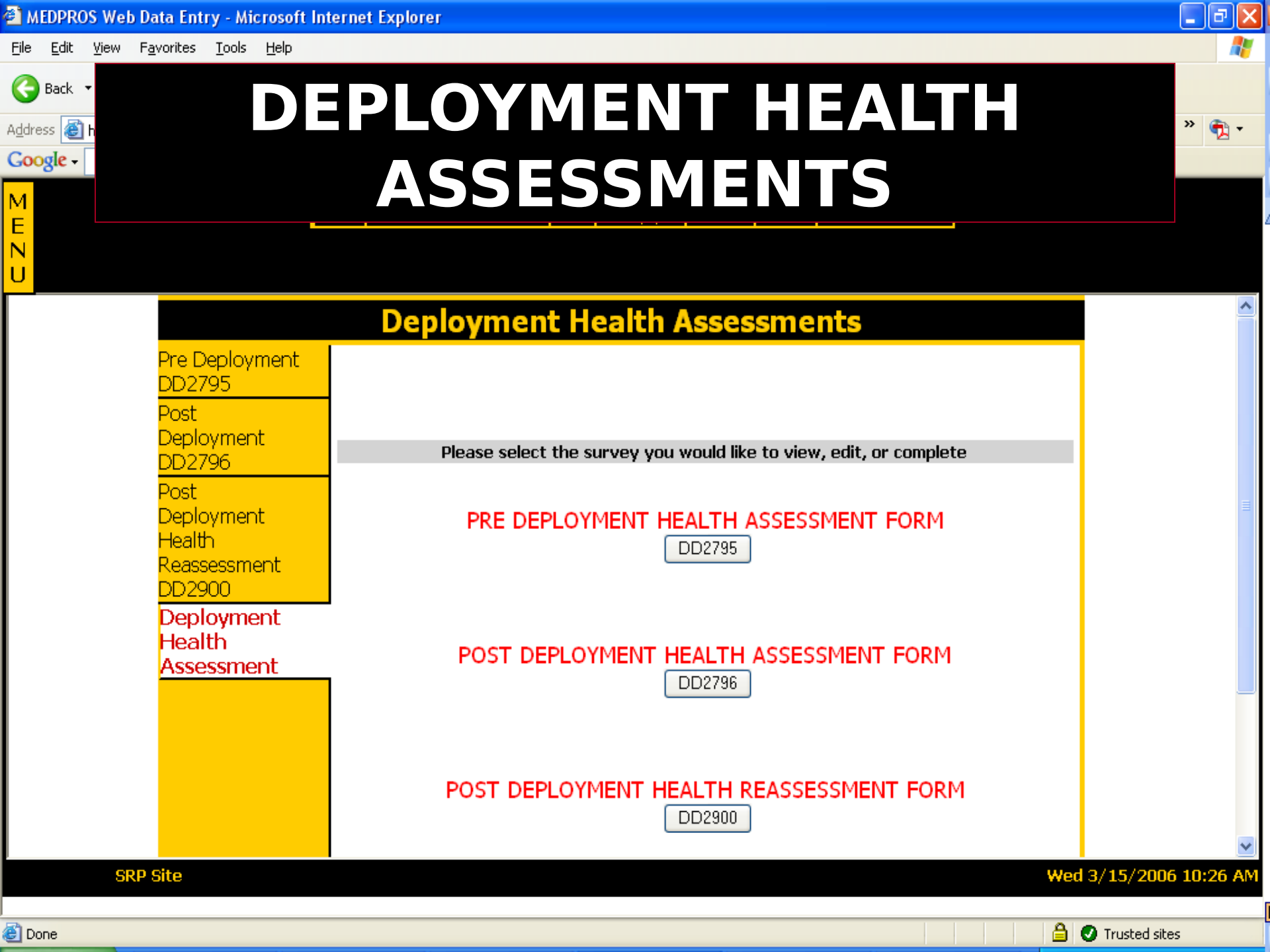
DEPLOYMENT HEALTH ASSESSMENTS

- Available through AKO under the “My Medical Readiness” link


Army Knowledge Online - Microsoft Internet Explorer
My Medical Readiness
Group Management
Send Feedback
Send AKO Link
Add to my Favorites
Physical Exam Data Entry
Deployment Health Assessments
Soldiers deploying or redeploying from theater can now complete their portion of the Pre, Post or Post Deployment Health Reassessment online before their scheduled deployment processing at which time a medical provider will complete the assessment with the Soldier. Click here (DHA) to begin your assessment.
Post Deployment Health Re-Assessment (PDHRA)
MEDPROS
Weigh to Stay Program
Want to lose weight? Weigh to Stay is the Army's intensive standardized weight management and education program.
Additional Resources:
TSG Volunteer Memorandum
OTSG/MEDCOM Memorandum 06-003
Visit the MEDCOM Volunteer Web site at:
http://www.mods.army.mil


MEDPROS Web Data Entry - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back
Address
Google
DEPLOYMENT HEALTH ASSESSMENTS
MENU
Deployment Health Assessments
Pre Deployment DD2795
Post Deployment DD2796
Post Deployment Health Reassessment DD2900
Deployment Health Assessment
Please select the survey you would like to view, edit, or complete
PRE DEPLOYMENT HEALTH ASSESSMENT FORM
DD2795
POST DEPLOYMENT HEALTH ASSESSMENT FORM
DD2796
POST DEPLOYMENT HEALTH REASSESSMENT FORM
DD2900
SRP Site
Wed 3/15/2006 10:26 AM
Done
Trusted sites

Post-Deployment Health Assessment Form

Page 1: Service Member Administrative Information

33348

POST-DEPLOYMENT **Health Assessment**

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnal and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

Last Name

First Name MI

Name of Your Unit or Ship during this Deployment

Today's Date (dd/mm/yyyy)

Social Security Number

DOB (dd/mm/yyyy)

Date of arrival in theater (dd/mm/yyyy)

Date of departure from theater (dd/mm/yyyy)

Gender
- ○ Male
- ○ Female

Service Branch
- ○ Air Force
- ○ Army
- ○ Coast Guard
- ○ Marine Corps
- ○ Navy
- ○ Other

Component
- ○ Active Duty
- ○ National Guard
- ○ Reserves
- ○ Civilian Government Employee

Pay Grade

○ E1	○ O01	○ W1
○ E2	○ O02	○ W2
○ E3	○ O03	○ W3
○ E4	○ O04	○ W4
○ E5	○ O05	○ W5
○ E6	○ O06	
○ E7	○ O07	○ Other
○ E8	○ O08	
○ E9	○ O09	
	○ O10	

Location of Operation

○ Europe	○ Australia	○ South America
○ SW Asia	○ Africa	○ North America
○ SE Asia	○ Central America	○ Other
○ Asia (Other)	○ Unknown	

To what areas were you mainly deployed: (mark all that apply - list where/date arrived)

○ Kuwait		○ Iraq	
○ Qatar		○ Turkey	
○ Afghanistan		○ Uzbekistan	
○ Bosnia		○ Kosovo	
○ On a ship		○ CONUS	
		○ Other	

Name of Operation:

Occupational specialty during this deployment (MOS, NEC or AFSC)

Combat specialty:

Administrator Use Only

Indicate the status of each of the following:

Yes	No	N/A	
○	○	○	Medical threat debriefing completed
○	○	○	Medical information sheet distributed
○	○	○	Post Deployment serum specimen collected

Reset

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Post-Deployment Health Assessment Form

- DD Form 2796 must be completed no more than 30 days prior to departing for home station
- Page 1: Administrative information
  - Deployment location
  - Country, list all
  - Operation Enduring Freedom

You will need your DD 2796 in hand to depart from theater
Do not pack it in your bags

Post-Deployment Health Assessment Form

Please answer all questions in relation to THIS deployment

1. **Did your health change during this deployment?**

   ○ Health stayed about the same or got better
   ○ Health got worse

2. **How many times were you seen in sick call during this deployment?**

   ☐☐ No. of times

3. **Did you have to spend one or more nights in a hospital as a patient during this deployment?**

   ○ No
   ○ Yes, reason/dates: _____

4. **Did you receive any vaccinations just before or during this deployment?**

   ○ Smallpox (leaves a scar on the arm)
   ○ Anthrax
   ○ Botulism
   ○ Typhoid
   ○ Meningococcal
   ○ Other, list: _____
   ○ Don't know
   ○ None

5. **Did you take any of the following medications during this deployment?**
   (mark all that apply)

   ○ PB (pyridostigmine bromide) nerve agent pill
   ○ Mark-1 antidote kit
   ○ Anti-malaria pills
   ○ Pills to stay awake, such as dexedrine
   ○ Other, please list _____
   ○ Don't know

6. **Do you have any of these symptoms now or did you develop them anytime during this deployment?**

No	Yes During	Yes Now		No	Yes During	Yes Now	
○	○	○	Chronic cough	○	○	○	Chest pain or pressure
○	○	○	Runny nose	○	○	○	Dizziness, fainting, light headedness
○	○	○	Fever	○	○	○	Difficulty breathing
○	○	○	Weakness	○	○	○	Still feeling tired after sleeping
○	○	○	Headaches	○	○	○	Difficulty remembering
○	○	○	Swollen, stiff or painful joints	○	○	○	Diarrhea
○	○	○	Back pain	○	○	○	Frequent indigestion
○	○	○	Muscle aches	○	○	○	Vomiting
○	○	○	Numbness or tingling in hands or feet	○	○	○	Ringing of the ears
○	○	○	Skin diseases or rashes				
○	○	○	Redness of eyes with tearing				
○	○	○	Dimming of vision, like the lights were going out				

7. **Did you see anyone wounded, killed or dead during this deployment?**
   (mark all that apply)

   ○ No ○ Yes - coalition ○ Yes - enemy ○ Yes - civilian

8. **Were you engaged in direct combat where you discharged your weapon?**

   ○ No ○ Yes (○ land ○ sea ○ air)

9. **During this deployment, did you ever feel that you were in great danger of being killed?**

   ○ No ○ Yes

10. **Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?**

    ○ No ○ Yes

11. **Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?**

None	Some	A Lot	
○	○	○	Little interest or pleasure in doing things
○	○	○	Feeling down, depressed, or hopeless
○	○	○	Thoughts that you would be better off dead or hurting yourself in some way

Reset

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12. **Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....**

No	Yes	
○	○	Have had any nightmares about it or thought about it when you did not want to?
○	○	Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
○	○	Were constantly on guard, watchful, or easily startled?
○	○	Felt numb or detached from others, activities, or your surroundings?

13. **Are you having thoughts or concerns that ...**

No	Yes	Unsure	
○	○	○	You may have serious conflicts with your spouse, family members, or close friends?
○	○	○	You might hurt or lose control with someone?

14. **While you were deployed, were you exposed to:**
    (mark all that apply)

No	Sometimes	Often	
○	○	○	DEET insect repellent applied to skin
○	○	○	Pesticide-treated uniforms
○	○	○	Environmental pesticides (like area fogging)
○	○	○	Flea or tick collars
○	○	○	Pesticide strips
○	○	○	Smoke from oil fire
○	○	○	Smoke from burning trash or feces
○	○	○	Vehicle or truck exhaust fumes
○	○	○	Tent heater smoke
○	○	○	JP8 or other fuels
○	○	○	Fog oils (smoke screen)
○	○	○	Solvents
○	○	○	Paints
○	○	○	Ionizing radiation
○	○	○	Radar/microwaves
○	○	○	Lasers
○	○	○	Loud noises
○	○	○	Excessive vibration
○	○	○	Industrial pollution
○	○	○	Sand/dust
○	○	○	Depleted Uranium (If yes, explain) _____
○	○	○	Other exposures _____

15. **On how many days did you wear your MOPP over garments?**

    ☐☐ No. of days

16. **How many times did you put on your gas mask because of alerts and NOT because of exercises?**

    ☐☐ No. of times

17. **Were you in or did you enter or closely inspect any destroyed military vehicles?**

    ○ No ○ Yes

18. **Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?**

    ○ No ○ Don't know
    ○ Yes, explain with date and location

    _____
    _____
    _____

DD FORM 2796, APR 2003

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Post-Deployment Health Assessment Form

- Page 2: Service Member Report
  - Report vaccinations, medications, and health care during deployment process
  - Report experiences, symptoms or concerns
- Page 3: Service Member Report
  - Report possible exposures and duration
  - Identify potentially hazardous situations that may concern you

You will need your DD 2796 to out-process from theater

Post-Deployment Health Assessment Form

Page 4: Health Care Provider Assessment

Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY # ☐☐☐ — ☐☐ — ☐☐☐☐

Post-Deployment Health Care Provider Review, Interview, and Assessment

Interview

1. Would you say your health in general is: ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor
2. Do you have any medical or dental problems that developed during this deployment? ○ Yes ○ No
3. Are you currently on a profile or light duty? ○ Yes ○ No
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? ○ Yes ○ No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? ○ Yes ○ No
   Please list concerns: _____
6. Do you currently have any questions or concerns about your health? ○ Yes ○ No
   Please list concerns: _____

Health Assessment

After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member's medical record.)

REFERRAL INDICATED FOR:

- ○ None
- ○ Cardiac
- ○ Combat/Operational Stress Reaction
- ○ Dental
- ○ Dermatologic
- ○ ENT
- ○ Eye
- ○ Family Problems
- ○ Fatigue, Malaise, Multisystem complaint
- ○ Audiology
- ○ GI
- ○ GU
- ○ GYN
- ○ Mental Health
- ○ Neurologic
- ○ Orthopedic
- ○ Pregnancy
- ○ Pulmonary
- ○ Other _____

EXPOSURE CONCERNS (During deployment):

- ○ Environmental
- ○ Occupational
- ○ Combat or mission related
- ○ None

Comments: _____

I certify that this review process has been completed.
Provider's signature and stamp:

This visit is coded by V70.5 _ _ 6

Date (dd/mm/yyyy) ☐☐ / ☐☐ / ☐☐☐☐

End of Health Review

Reset

Redeployment Requirements

- In-theater
  - Redeployment medical threat briefing
  - Post-deployment health assessment (DD Form 2796)
  - Post-deployment medical screening, testing, and follow-up
  - Know where to go for health problems or concerns after you return home
- Home Station
  - Tuberculosis skin test, blood draw and referral appointments, DD2900

Post-Deployment Health Assessment Form

- Page 4: Health Assessment
  - Face-to-face discussion with Health Care Provider (HCP)
  - Answer based on how you are feeling today
  - Review completed DD 2796 with HCP
  - Follow-up may be recommended at home station
  - Answering yes to any questions will not delay your departure from theater

Hand-carry a copy of your DD 2796 all the way through your home station out-processing

Redeployment Requirements

- In-theater
  - Redeployment medical threat briefing
  - Post-deployment health assessment (DD Form 2796)
  - Post-deployment medical screening, testing, and follow-up
  - **Know where to go for health problems or concerns after you return home**
- Home Station
  - Tuberculosis skin test, blood draw and referral appointments, DD2900

Post-Deployment Health Questions and Concerns

- **Step 1**
  - **Be aware that some conditions (like malaria and tuberculosis) may not produce symptoms for weeks to months after you return home.**
- **Step 2**
  - **Contact your local MTF or civilian health care provider for problems, questions, or concerns noticed after re-deployment, and make sure to tell him/her about your deployment.**
- **Step 3**
  - **If you feel ill, your primary health care provider can do an initial assessment. If symptoms persist or your condition is not improving, make sure you return to your health care provider.**
- **Step 4**
  - **The DoD Deployment Health Clinical Center is always available to answer your questions, and any questions your health care provider (civilian or military) may have about your health.**

DoD Deployment Health Clinical Center

Walter Reed Army Medical Center
6900 Georgia Avenue, NW
Building 2, Room 3G04
Washington, DC 20307-5001
Phone: (202) 782-6563
Fax: (202) 782-3539
DSN: 662-3577
Toll Free Help Line: (800) 796-9699
http://www.pdhealth.mil

Remember “deploymenthealth.mil”

Redeployment Requirements

- In-theater
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  - **Tuberculosis skin test, blood draw and referral appointments, DD2900**

Required Medical Screening

- Tuberculosis Skin Test
  - A skin test on the forearm to show if you have been exposed to tuberculosis
  - Delayed onset of positive test in some peopl requires that you be tested twice:
    - At the time of redeployment
    - At 3-6 months after redeployment

      (date will be shown on your DD Form 2796)
  - You must return 48-72 hours after the test to have it read and documented by a health care professional
- Blood sample taken at home station

DD FORM 2900

- Post Deployment Health Reassessment
  - Completed 3-6 months after re-deployment
  - Must complete the demographic information portion; the remainder of the form is voluntary
  - The form will be completed through AKO or MEDPROS at a screening location
  - A healthcare provider will review and discuss your answers with you

Blood Donation

- If you get malaria you may not donate blood for **three** years

- Soldiers who have been to Afghanistan cannot donate blood for **one** year after redeploying

Reunion with Family and Friends

- Reunion is a part of the deployment cycle and can be filled with joy and stress. Reintegration into the family structure is a critical process.
- Refer to the ***A Soldier and Family Guide to Redeploying*** for things to remember during reunio friends.
- Chaplains and counselor are available to help cop with homecoming stress

Homecoming Stress

- Don’t expect things to be exactly the same, especially if long deployment
- Ease back into roles; don’t rush it
- Children may be withdrawn
- Spouse may be moody or depressed
- Financial and property issues may require immediate attention
- If needed, seek counseling from Chaplain or medical personnel

Summary

- Background on health concerns
- Medical health threats
- Redeployment medical requirements
- The DoD Deployment Health Clinical Center
- Homecoming stress

Conclusion

It is important to the US military and the Nation that you enjoy good health as you rejoin your family and friends upon return to home station.

If you have health problems or concerns, it is critical that you let someone know. It will not delay your departure for home station.

Are there any questions?